

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01360

1. Entity Name

COCONUT CODE, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90328 001 ***150.00
 05-06-2000 90328 002 *****8.75

Principal Place of Business 1430 S FEDERAL HWY. SUITE 302 DEARFILED BEACH FL 33441	Mailing Address 1430 S FEDERAL HWY. SUITE 302 DEARFILED BEACH FL 33441-7223
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2556411	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOTELL, CHRISTOPHER L. 1191 SW 17TH ST. BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name: MARK E. WOTELL Street Address (P.O. Box Number is Not Acceptable): 1150 SW 17TH ST BOCA RATON City: FL Zip Code: 33486
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: 4/27/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GULDEN, J K STREET ADDRESS: 641 SW 16 TH ST CITY-ST-ZIP: BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: MATTHEW J. WOTELL STREET ADDRESS: 1299 SW 9TH ST CITY-ST-ZIP: BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPRD NAME: WOTELL, CLEMENT E. STREET ADDRESS: 1299 SW WALNUT TERRACE CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: WOTELL, MARK E. STREET ADDRESS: 1150 SW 17TH STREET CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WOTELL, EUGENE J. STREET ADDRESS: 1191 SW 17TH STREET CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT 4/27/00 954-481-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)